



Application Data Sheet

Application Information

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| Application number:: | 10/666,947 |
| Filing Date:: | 09/17/03 |
| Application Type:: | Divisional |
| Subject Matter:: | Utility |
| Title:: | TRANSCUTANEOUS INFUSION OF CARBON DIOXIDE FOR LOCAL RELIEF OF PAIN AND OTHER AILMENTS |
| Attorney Docket Number:: | 020017-000420US |
| Request for Early Publication:: | No |
| Request for Non-Publication:: | No |
| Suggested Drawing Figure:: | 12 |
| Total Drawing Sheets:: | 13 |
| Small Entity?:: | Yes |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.:: | No |

Applicant Information

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|----------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | NED |
| Middle Name:: | S. |
| Family Name:: | RASOR |
| City of Residence:: | Cupertino |
| State or Province of Residence:: | CA |
| Country of Residence:: | US |

Street of Mailing Address:: 15601 Montebello Road
City of Mailing Address:: Cupertino
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95014

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: JULIA
Middle Name:: S.
Family Name:: RASOR
City of Residence:: Los Gatos
State or Province of Residence:: CA
Street of Mailing Address:: 104 Smith Creek Drive
City of Mailing Address:: Los Gatos
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95030

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

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|------------------|-------------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This application | Divisional | 09/795,648 | 02/28/2001 |
| 09/795,648 | An application claiming | Pat 6,652,479 | |
| | the benefit under 35 | 60/185,495 | 02/28/2000 |
| | USC 119(e) | | |

Assignee Information

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|---|----------------------|
| Assignee Name:: | Capnia, Incorporated |
| Street of mailing address:: | 170 Knowles Drive |
| City of mailing address:: | Los Gatos |
| State or Province of mailing address:: | CA |
| Postal or Zip Code of mailing address:: | 95032 |